

# TRANSMITTAL FORM

	Application Serial Number	10/623,186
	Filing Date	July 21, 2003
	First Named Inventor	Thomas Martin BUCKINGHAM
	Group Art Unit	1762
	Examiner Name	William P. Fletcher, III
	Attorney Docket No.	DHIN-0001-UT1
	Patent No.	Not applicable
	Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul> <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]</li> </ul> <input type="checkbox"/> Petition for Extension of Time (1/2/3 months)	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Correction (in duplicate)</li> </ul> <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below)</i>
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Respectfully submitted,

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